

## REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent # <u>09/426, 410</u>		
3 Please refund the following fee(s): Title Filing Amendment Extension of Time Notice of Appeal/Appeal <input checked="" type="checkbox"/> Petition Issue Cert of Correction/Terminal Disc. Maintenance Assignment Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			<u>\$ 1370.00</u>
7 TOTAL AMOUNT OF REFUND		\$ 1370.00	
8 TO BE REFUNDED BY:			
<input type="checkbox"/> Treasury Check			
<input checked="" type="checkbox"/> Credit Deposit A/C #: <u>9 02--2666</u>			
10 REASON: <input type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input checked="" type="checkbox"/> No Fee Due (Explanation): <u>Petition dismissed as moot</u>			
11 REFUND REQUESTED BY: TYPED/PRINTED NAME: <u>Paul Skaroski</u> SIGNATURE: <u>Pat J.</u> OFFICE: <u>Office of Petitions</u> ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** APPROVED: <u>Uma C.</u> DATE: <u>7/21/05</u>			
TITLE: <u>P. Skaroski</u> PHONE: <u>23225</u>			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B